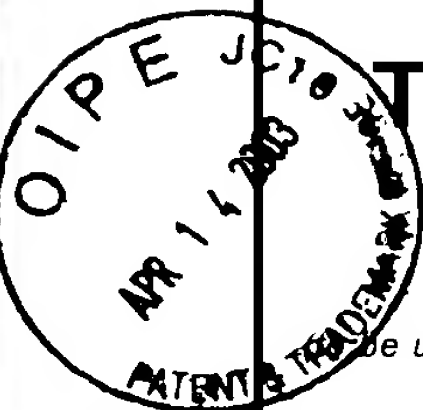


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Please type a plus sign (+) inside this box → ☐



# TRANSMITTAL FORM

Be used for all correspondence after initial filing)

<b>Application Number</b>	09/880,299		
	<b>Filing Date</b>	06/13/2001	
	<b>First Named Inventor</b>	Norio Sakuma et al.	
	<b>Group Art Unit</b>	1731	
	<b>Examiner Name</b>	M. Halpern	
<b>Total Number of Pages in this Submission</b>		<b>Attorney Docket Number</b>	KIN24AUSA

## ENCLOSURES (check all that apply)

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): - Patent application fee determination record
<b>Remarks:</b> <div>RECEIVED APR 16 2003 TC 1700</div>		

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

<b>Firm or Individual Name</b>	George A. Smith, Jr.		
<b>Signature</b>			
<b>Date</b>	04/07/03		

## CERTIFICATE OF MAILING

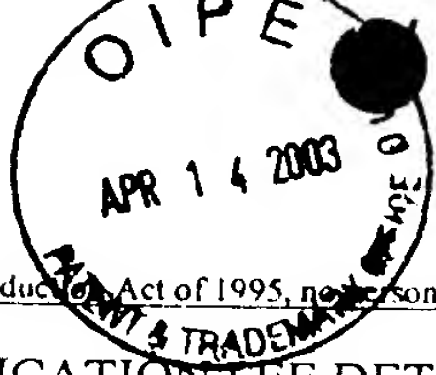
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to Commissioner for Patents, Washington, DC 20231 on this date: 04/07/03			
<b>Typed or printed name</b>	George A. Smith, Jr.		
<b>Signature</b>		<b>Date</b>	04/07/03

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Approved for use through 10/31/2002. OMB 0651-0032  
U. S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

# PATENT APPLICATION FEE DETERMINATION RECORD

Application or Docket Number

KIN24AUSA

## CLAIMS AS FILED - PART I

FOR	(Column 1) NUMBER FILED	(Column 2) NUMBER EXTRA
BASIC FEE (37 CFR 1.16(a))		
TOTAL CLAIMS (37 CFR 1.16(c))	2 minus 20 = *	0
INDEPENDENT CLAIMS (37 CFR 1.16(b))	2 minus 3 = *	0
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))		

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## CLAIMS AS AMENDED - PART II

	(Column 1)	(Column 2)	(Column 3)	(Column 4)
AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	
Total (37 CFR 1.16(c))	* 12	Minus	** 20	= 0
Independent (37 CFR 1.16(b))	* 4	Minus	*** 3	= 1
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))				

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	(Column 1)	(Column 2)	(Column 3)	(Column 4)
AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	
Total (37 CFR 1.16(c))	* 8	Minus	** 20	= 0
Independent (37 CFR 1.16(b))	* 2	Minus	*** 4	= 0
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))				

TOTAL  
ADDIT. FEE

RATE	ADDI- TIONAL FEE
x \$	=
x	=
+	=
TOTAL	

TOTAL  
ADDIT. FEE

RATE	ADDI- TIONAL FEE
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TOTAL	

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ADDIT. FEE

RATE	ADDI- TIONAL FEE
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RATE	ADDI- TIONAL FEE
x \$	=
x	=
+	=
TOTAL	

TOTAL  
ADDIT. FEE

- \* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
  - \*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".
  - \*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".
- The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

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